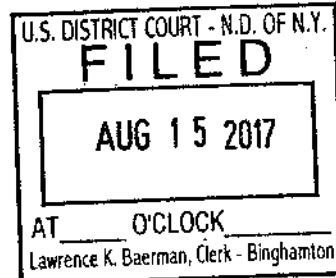


UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK



Alicia A. Hover
Plaintiff(s)

vs.

New York State Office for
People with Developmental
Disabilities
Defendant(s)

Civil Case No.: 3:17 CV 895 TJM/DEP

COMPLAINT PURSUANT
TO THE AMERICANS
WITH DISABILITIES ACT

Plaintiff(s) demand(s) a trial by: _____ JURY ☒ COURT (Select only one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

1. This is a civil action seeking judgment, relief and/or damages brought pursuant to the Americans with Disabilities Act, 42 U.S.C. § 12101 *et seq.*, as amended, for discrimination based upon a disability and the failure to accommodate same. This Court has jurisdiction of this action pursuant to 28 U.S.C. §§ 1331 and 1343(4).

PARTIES

2. a. Plaintiff: Alicia A. Hover

Address: 215 South Loder Avenue Apt. C2
Endicott, NY 13760
(607) 786-2492

b. Plaintiff: _____

Address: _____

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: New York State Office for People with Developmental Disabilities

Official Position: _____

Address: Glenwood Road
Binghamton, NY 13905

b. Defendant: _____

Official Position: _____

Address: _____

Additional Defendants may be added on a separate sheet of paper.

4. My disability is as follows:

My disability is MEMORY
LOSS DUE TO DELAYED RADIATION
NECROSIS. IN 2004, I WAS
DIAGNOSED WITH A BRAIN TUMOR.
SURGERY FOR THE TUMOR IN 2004
ONLY TOOK PARTIAL AMOUNT OF
THE TUMOR OUT. DR. SETHI (SURGEON)
EXPLAINED TO ME THAT THE TUMOR

WAS CLOSE to my lobe that controls my speech AND he didn't WANT ME to LOSE my speech. HE had to ME HAVE RADIATION to DESTROY the tumor. AFTER A MONTH OF RADIATION, DR SETHI ORDERED A MRI. THE RESULTS FROM THE MRI SHOWED THAT THE TUMOR WAS STILL IN MY BRAIN & DR SETHI REQUIRED ANOTHER SURGERY. THE SECOND SURGERY TOOK PLACE IN 2005. AFTER SURGERY, THE TUMOR WAS STILL NOT REMOVED. DR SETHI DETERMINED TO HAVE ME GO TO SYRACUSE FOR THE GAMMA KNIFE PROCEDURE. FINALLY AFTER THIS PROCEDURE MY TUMOR WAS COMPLETELY DESTROYED. AS A RESULT FOR ALL OF THESE PROCEDURES I HAVE SEIZURES & RADIATION DELAYED NEUROSIS.

In September 2016, I WAS HIRED TO WORK FOR BROOME DEVELOPMENT. I HAD A MONTH TRAINING AND WITH A FEW DIFFICULTIES DURING TESTING TIME DUE TO MY DISSABILITY.

On the last week of September I WAS ASSIGNED TO THE HOUSE IN ITHACA ON LINCOLN STREET.

While on the job TRAINING, I WAS NOT ALLOWED TO BE BY MYSELF WITH THE DISABLED INDIVIDUALS. CO WORKERS SHOWED ME ~~to~~ THE DUTIES TO COMPLETE

on a daily task. At the end of October my MANAGER MARY MARCY went to have me go through my Review And I WAS having some difficulties THE MANAGER IS HARDLY At the house to understand any difficulties that I had. Coworkers would show me duties And Apparently let MARY MARCY my difficulties. NEVER to me.

In November I was then able to help with the individuals. I WAS able to change, clean, And feed to the ones that NEEDED extra help.

I WAS able to do extra duties with them And Assist other coworkers. I took on extra duties AS Laundry, cleaning the kitchen And doing washing dishes.

NEVER once was I told that I WAS not meeting quota from my coworkers. The stabilies with the coworkers WAS difficult And for me to understand. Their were different coworkers from other houses to sub in At Ithaca house due to lack of employees. To follow instructions from my coworkers WAS difficult to Rememord, because the instruction changed from shifts to different coworkers. There WAS NO goal

to follow.

Towards the middle of November, MARY MARCY called me to the office for Another Review. She indicated that I Am WORSE than the first Review.

I explained to MARY About the FRAUD And Neglect at the house was very difficult for me to perform my job with different instructions from my coworkers.

No corrective Action was taken And as a result I was terminated. DALE FOX, HUMAN RESOURCES handed me the letter of termination with NO REASON. When I asked her for the REASON she indicated Not Remember.

5. The conduct complained of in this action involves:
(Check all that apply)

- (A) ☐ Failure to employ.
(B) ☒ Termination of employment.
(C) ☐ Denial of participation in public service or program.
(D) ☒ Failure to make alterations to accommodate disability.
(E) ☐ Retaliation.
(G) ☐ Other acts as specified below:

6.

FACTS

On the following page, set forth the facts of your case which substantiate your claim of discrimination. List the events in the order they happened, naming defendants involved, dates and places.

Note: Each fact should be stated in a separate paragraph; paragraphs should be numbered sequentially.

You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint.

You may use additional sheets as necessary.

I WAS NOT FAIRLY TREATED AS AN
EMPLOYER FOR BROOME DEVELOPMENT
DUE TO MY DISABILITY. THEIR
THERE WERE TOO MANY DIFFERENT
VERBAL GUIDELINES FROM CO
WORKERS. THERE WAS NEVER

CORRECTIVE ACTIONS to ASSIST ME to FOR my duties. When I ASKED question there WERE to MANY different ANSWERS to follow properly.

THE FACT THAT THERE WAS theft, NEGLECT, belittling At the house, I feel like the individuals were not treated fairly, NOR MYSELF.

AS A TERMINATED EMPLOYER from Broome Development I WAS NEVER GIVEN REASONABLE time OR education from the COWORKERS. Instead of correcting my errors with me they only EMAILED the MANAGER.

THE MANAGER NEVER took time for me to UNDERSTAND my ERRORS. UNTIL the Review WAS COMPLETED I FEEL that NO Accomodations WERE given for my disability

7. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

the loss of my job And
benefits The loss of my
RETIREMENT funds.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 8/15/17

Maria Davis

Signature of Plaintiff(s)
(all Plaintiffs must sign)